FORM D

PROCESSED

MAR 2 6 2009

UNITED STATES

THOMSON REUTERS Washington, D.C. 20549



TEMPORARY FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB	APPROVAL	

OMB Number: 3235-0076

Expires: March 31, 2009
Estimated Average burden
hours per form 4.00

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED

Name of Offering: FOREST HILL INCOME FUND, LTD Offering of Participating Voting Share Interests									
Filing Under (Check box(es) that apply):	Rule 504	☐ Rule 505	Rule 506	Section 4(6)	THE WAIL Processing				
Type of Filing:	New Filing	☐ Amendment			. 0				
	A. B	ASIC IDENTIFICAT	TION DATA		MAR () 9 7009				
1. Enter the information requested about the issu	сг								
Name of Issuer (check if this is an amer FOREST HILL INCOME FUND, LTD.	ndment and name ha	s changed, and indicat	te change.)		Washington, DC				
Address of Executive Offices (Number and Street, City, State, Zip Code) Walker House, 87 Mary Street, George Town, Grand Cayman KY1-9002, Cayman Islands Telephone Number (Including Area Code) (501) 666-4491 (Investment Manager)									
Address of Principal Business Operations c/o Forest Hill Capital, L.L.C., 100 Morgan Keep	Address of Principal Business Operations (Number and Street, City, State, Zip Code) Co Forest Hill Capital, L.L.C., 100 Morgan Keegan Drive, Suite 430, Little Rock, Arkansas 72202								
Brief Description of Business: To operate as	<u>a Cayman Island</u>	ls exempted comp	any.						
Type of Business Organization									
☐ corporation	☐ limited partner	ship, already formed	⊠ o	ther (please specify); a Cay	man Islands exempted company				
☐ business trust	limited partner	ship, to be formed							
Actual or Estimated Date of Incorporation or Organization: Month Year 0 7 Actual Estimated									
urisdiction of Incorporation: (Enter two-letter U.S. Postal Service Abbreviation for State: CN for Canada; FN for other foreign jurisdiction) F N									

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section, 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

· 		A. BASIC IDENTIF	CATION DATA			
2. Enter the informatio	n requested for the fol	lowing:	ICATION BATA			
· ·		as been organized within the past	t five years:			
		vote or dispose, or direct the voi		more of a class of ear	lity se	curities of the issuer
 Each executive office 	er and director of corp	orate issuers and of corporate ge	neral and managing partners	of partnership issues	s: and	outlines of the issues,
	maging partner of part		- 6 6 F	,	·,	
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	ndividual)					
FOREST HILL CAPITAL, L.	L.C. (the "Investmen	nt Manager" or "IM")				
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
100 Morgan Keegan Drive, Suit	te 430 Little Rock Ar	kansas 72202				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Director		General and/or Managing Partner
Full Name (Last name first, if it	ndividual)	<u></u>				
LEE, MARK A.						
Business or Residence Address	(Number and Street	City State 7 in Code				
j						
		rive, Suite 430, Little Rock, Arki		- <u>-</u>		<u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director		General and/or Managing Partner
Full Name (Last name first, if in	idividual)					•
SEYMOUR, DON M.						
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Walker House, 87 Mary Street,	George Town, Grand C	Cayman KY1-9002, Cayman Isla	nds			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)				-	
BREE, DAVID						
Business or Residence Address	(Number and Street,	City, State, Zip Code)	 			
Walker House 87 Mary Street	George Town Grand (Cayman KY1-9002, Cayman Islan	nde			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director		General and/or
		Beneficial Owner		Director		Managing Partner
Full Name (Last name first, if in	dividual)					
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)	·····				
k .						
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director		General and/or Managing Partner
Full Name (Last name first, if in	dividual)					
1						
Business or Residence Address	(Number and Street,	City, State, Zip Code)				
			<u></u>			

		·		 -	В. І	NFORM	ATION A	BOUT O	FFERING					
										-			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										X				
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?										\$1,000	000 *			
										Yes	No			
*(Any le	esser amç	ount is at	the sole	discretio	on of the	Investme	nt Manag	ger.)					•	• • •
3. Does	s the offeri	ng permit j	oint owner	ship of a si	ngle unit?							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🗵	
solic regis														
Full Name	e (Last nam	e first, if ir	ndividual)	-										
_Morgan K	Ceegan & C	ompany, Ir	ıc.			•								
Business of	or Residenc	e Address	(Number a	nd Street,	City, State,	Zip Code)								
50 North I	Front Street	, 18 th Floo	r, Memphi	s, Tennesse	æ 38103									
	Associated												_	
								_	_					
States in V	Which Perso	on Listed F	las Solicite	d or Intend	is to Solici	t Purchaser	s	,						
(Che	eck "All Sta	ites" or che	ck individ	ual States)	************								🗷 All St	ates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[D]	
	(IL) (MT)	[IN] [NE]	[A] [NV]	(KS) (NH)	[KY] [NJ]	[LA] [NM]	(ME) [NY]	[MD] [NC]	[MA] [ND]	[MI] (OH)	[MN] [OK]	[MS] {OR}	[MO] [PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[[1]]	įvŋ	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	e (Last nam	e first, if in	ndividual)											
Collins/Ba	ay Island Se	curities LI	<u>.c</u>											
Business o	or Residenc	ė Address	(Number	and Street	, City, Stat	e, Zip Code	:)							
567 San N	Nicolas Driv	e, Suite 46	0, Newpor	t Beach, C	alifornia 9	2660								
Name of A	Associated I	Broker or I	Dealer											
		1			<u>. </u>			<u>.</u>						
States in V	Which Perso	on Listed H	las Solicite	d or Intend	ls to Solicit	Purchaser	5							
(Che	eck "All Sta			•								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	🗷 All St	ates
	(AL) [IL]	[AK] [IN]	(AZ) [[A]	[AR] [KS]	(CA) [KY]	(CO) [LA]	(CT) (ME)	(DE) [MD]	(DC) [MA]	(FL) [MI]	[GA] [MN]	(HI] [MS]	(ID) [MO]	
	[MT]	[NE]	[NV]	[NH]	[rv]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
F-U M	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[V1]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
	e (Last nam	,	iaiviauai)											
	curities, Inc or Residenc		Oliver bear	d Ctt	City State	- Zin Code								
		1 .	,				;)	4						
	ital of Texa Associated I			125, Austi	n, Texas 7	8746		 -						
Name of A	ASSOCIATED I	DIOKEI OI L	ene:											
States in 11	Which Perso	n Listed H	las Solicite	d or Intend	ls to Solicit	Purchasers		···- <u></u> -					·····	
							-						🗖 All Št	ates
(Che	ck "All Sta [AL]	teș" or che [AK]	ck individ [AZ]	(AR)	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	(HI)	◘ Ali Si [ID]	u.c.
	[IL]	[JN]	[IA]	(KS)	[KY]	[LA]	(ME)	[MD]	[AM]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	(NH)	[N]]	[NM]	(NY) IVTI	[NC]	[ND] rwai	[OH]	[OK] [WI]	(OR)	[PA] _[PR]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	Mil	[WY]	[rk]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of securities offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price (1)	Amount Alread Sold (2)
Debt	s	s
Equity	s	S
□ Common □ Preferred		
Convertible Securities (including warrants)	s	s
Share Interests	\$750,000,000	\$1,357,431
Other (specify)	s	5
Total	\$750,000,000	\$1.357.431
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number	Aggregate
t	investors (2)	Dollar Amount of Purchases (2)
Accredited Investors	5	\$ <u>1.357.431</u>
Non-accredited Investors	Q	s 0 .
Total (for filings under Rule 504 only)	N/A	\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
Type of offering		Dollar Amount
Rule 505	Type of SecurityN/A	Sold SN /A
Regulation A	N/A	\$N/A
Rule 504	<u>N/A</u>	\$ N/A
Total	N/A	\$N/A
a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$ <u>-0-</u>
Printing and Engraving Costs		S0-
Legal Fees	X	\$ 20.000
Accounting Fees	🗵	\$_5.000
Engineering Fees		\$ <u>-0-</u>
Sales Commissions (specify finders' fees separately)		\$ -0-
Other Expenses (identify) Blue Sky filing fees		\$ 5,000
Care releases (dening) State role (mine rate		\$ 30,000 (3)
Total		

	C. OFFERING PRICE, NUMB	ER OF INVESTORS, EXPENSES AND US	ΕO	F PROCEEDS		
	b. Enter the difference between the aggregate offering p total expenses furnished in response to Part C - Question 4 to the issuer."	rice given in response to Part C - Question 1 and a. This difference is the "adjusted gross proceeds				
				\$ <u>749.9</u>	<u>/0.000</u>	
5 .	Indicate below the amount of the adjusted gross proceeds to the purposes shown. If the amount for any purpose is not ke left of the estimate. The total of the payments listed must forth in response to Part C - Question 4.b above.	nown, furnish an estimate and check the box to the				
	!			Payments to Officers.		
	; ;			Directors, and Affiliates	•	Payments to Others
	Salaries and fees		X	\$(4)		\$
	Purchases of real estate			\$		\$
	Purchase, rental or leasing and installation of machinery and	equipment		\$		\$
	Construction or leasing of plant buildings and facilities					\$
	Acquisition of other businesses (including the value of secur may be used in exchange for the assets or securities of anoth	ities involved in this offering that				\$
	Repayment of indebtedness					\$
	Working capital					<u> </u>
	Other (specify): Portfolio Investments					\$749,970,000
	Column Totals					\$749,970,000
	Total Payments Listed (column totals added)			<u>3_14/</u> ⊠\$ <u>74</u>		
					7.770	
		D. FEDERAL SIGNATURE				 -
an i	issuer has duly caused this notice to be signed by the undersign undertaking by the issuer to furnish to the U.S. Securities and Bi-accredited investor pursuant to paragraph (b)(2) of Rule 502.					
Issu	ter (Print or Type)	Signature		Date		
Fo	REST HILL INCOME FUND, LTD.	Moletose		March <u>(</u>	, 2	009
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)		·		
ΜA	ARK A. LEE	MARK A. LEE, DIRECTOR				
	(4) Forest Hill Capital, L.L.C. will be entitl fee and the performance allocation are discu	ed to receive a management fee and a per ssed in greater detail in the Issuer's confide	forn entia	nance allocational offering mat	on. T erials	he management
	·					
	r	·				
		ATTENTION		(Coo 10 H C (- 10	01)
	Intentional misstatements or omissions	ot tact constitute federal criminal violatio	<u>ns.</u>	(See 18 U.S.	<i>.</i> . 10	V 1.J

	E. STATE SIGNATURE									
	1			Yes	No					
l.	Is any party described in 17 CFR 230.262 prese	ntly subject to any of the disqualification provisions of such rule?	******		3					
	}	See Appendix, Column 5, for state response. NOT APPLICABLE								
2.	2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.50 such times as required by state law.									
3.	The undersigned issuer hereby undertakes to fur	mish to the state administrators, upon written request, information furnish	ed by the issuer to	offerees.						
4.	4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. NOT APPLICABLE									
	The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.									
Issu	er (Print or Type)	Signature	Date	·						
Fo	REST HILL INCOME FUND, LTD.	Modef el	March 6	, 2009						
Nar	ne (Print or Type)	Title (Print or Type)								
M.	ARK A. LEE	MARK A. LEE, DIRECTOR								

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

